

Foster Family Home - Corrective Action Report

Provider ID: 1-513376

Home Name: Pacita Agbisit, CNA

Review ID: 1-513376-7

94-1072 Lumiaina Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/23/2020

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 2/23/2020.

6.(d)(1)- see applicable sections of the review

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2) - APS/CAN for CG#1 expired on 7/19/19 and renewed on 7/26/19. HHM#2's APS/CAN expired on 10/17/19 and renewed on 11/20/19. There were no APS/CAN/Fingerprinting results in home binder for HHM#3, HHM#4, HHM#5, and HHM#6.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality and client privacy rights training done for HHM#2, HHM#3, HHM#4, HHM#5, and HHM#6.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(j)(2) Assure that a substitute caregiver is available and capable of managing all client care and any event occurring in the home; and

Comment:

41.(b)(7)- HHM#3, HHM#4, HHM#5 and HHM#6 have no TB clearances seen in home binder.

41.(j)(2)- CG#1(primary caregiver) not present in CCFFH and no approved substitute caregiver present in home at the start of home inspection.

Foster Family Home - Corrective Action Report

Foster Family Home

Client Care and Services

[11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegation done for CG#1 and CG#2 on Oxygen Administration for Client #1.

Foster Family Home

Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- No fire extinguishers seen/available in home during inspection. Also noted an outlet loose/hanging on the wall near one of the emergency exit doors.

Foster Family Home

Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- No completed Emergency Preparedness Plan form seen in home binder.

Foster Family Home

Client Rights

[11-800-53]

53.(b)(1) Be fully informed, prior to or at the time of admission, of these rights and of all rules governing the client's conduct in the home. There shall be documentation signed by the client or the client's legal representative that this procedure has been carried out;

Comment:

53.(b)(1)- No Admission Policy and Agreement form seen in home binder.

Foster Family Home

Records

[11-800-54]

54.(a)(3) A list of applicable community resources.

54.(c)(1) Client's vital information;

54.(c)(4) Client's emergency management procedures;

54.(c)(5) Medication schedule checklist;

Comment:

54.(a)(3)- No Resource List seen in home binder.

54.(c)(1)- Face/Information Sheet had not been updated since Client #1 admitted to Hospice Status.

54.(c)(4)- No current POLST completed for Client #1 (POLST form is blank) on 5/21/19 (admit day of hospice care).

54.(c)(5)- Medication discrepancies noted on Client #1- one medication label does not match with MD order and Medication Administration Record. There were 4 medications that were not available and currently have MD orders and listed in Medication Administration Record.

Shaukel Nakamine, RN

Compliance Manager

Pacita R. Arguilla

Primary Care Giver

1/23/2020

Date

1/23/2020

Date

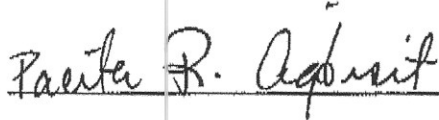
Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Pacita Agbisit

CCFFH Address: 94-1072 Lumiaina St. Waiapahu, HI 96797

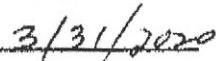
Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8 (a) (1) (2)	APS/ CAN/ FINGERPRINTING results for HHM#2, HHM#3, HHM#4, HHM#5 and HHM#6 have been processed and cleared. Copies are filed in the home binder.	3/31/2020	Home will use a calendar to schedule due dates 2 months in advance to prevent future lapses. Calendar schedule will be placed in front of home binder.

Primary Caregiver's Signature:



Print Name: PACITA AGBISIT

Date of Signature:



Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Pacita Agbisit

CCFFH Address: 94-1072 Lumiaina St. Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
16 (b) (5)	CG #1 provides confidentiality and client privacy rights training for HHM#2, HHM#3, HHM#4, HHM#5 and HHM#6. Signed form was filed in home binder.	2/18/20	In the future, household members will receive this training within 7 days of being added to the home.
41(b)(7)	CG#1 obtained current TB clearance for HHM#3, HHM#4, HHM#6 and a PDD Mantoux test record for HHM#5. Results filed in home binder.	2/12/20	Home will use a calendar to know when requirements are due 2 months they expire to allow time to get them done before they are due.

Primary Caregiver's Signature:

Pacita R. Agbisit

Print Name: PACITA AGBISIT

Date of Signature: 4/11/2020

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Pacita Agbisit

CCFFH Address: 94-1072 Lumiaina St. Wai'ohu, Hawaii, 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
43(c) (3)	RN delegation done for CG #1 and CG #2 on Oxygen Administration for client #1. It is placed into the client binder.	2/24/2020	CG #1 will make sure that all RN delegations be done immediately. Home will use a calendar with all due dates.
46(a)	Fire extinguisher has been reinstalled in the kitchen and the loose/hanging outlet on the wall near one of the emergency exit doors has been removed/fixed.	1/21/2020	Home will use a reminder calendar to update fire extinguisher before it expires and will immediately fix any broken or loose electrical outlets to prevent any fire hazards.

Primary Caregiver's Signature:

Pacita R. Agbisit

Print Name: PACITA AGBISIT

Date: 2/20/2020

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: Pacita Agbisit

CCFFH Address: 94-1072 Lumiaina St. Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41 (j) (2)	I needed my medication that day. I made sure someone was there to watch while, 29minutes. Returned ASAP!	1/24/2020	I assure that an approved substitute caregiver is available and capable of managing client care. I will call caregiver #2 in the event that I will leave the house (making sure the substitute caregiver is present at home).
50(a)	Emergency Preparedness Plan completed and all caregivers were trained. Signed form was in home binder.	2/18/2020	Primary caregiver will ensure that Emergency Preparedness Plan is checked and completed and signed by all caregivers.
53 (b) (1)	Admission Policy and Agreement form signed by client's legal guardian (daughter/POA). A copy was provided to client/POA. Original document was filed in home binder.	1/26/2020	Primary caregiver will make sure forms are signed on the date of a client's admission to CCFFH and forms be filed in the binder.

Primary Caregiver's Signature:

Pacita R. Agbisit

Print Name:

PACITA AGBISIT

Date of Signature:

2/20/2020

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: Pacita AgbisitCCFFH Address: 94-1072 Lumiaina St., Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54(a) (3)	Resource List filed in home binder.	1/24/2020	Primary caregiver will check and update resource list if there are changes and always file in binder.
54(c) (1)	Face/Information Sheet has been updated and filed in home binder.	1/24/2020	Primary caregiver will update information sheet for client after change of care.
54(c) (4)	POLST signed by client's daughter and Hospice RN. Form was filed in client #1's chart.	2/24/2020	CG #1 will ensure POLST is completed for client on admit day of hospice care.
54 (c) (5)	Medications are updated and listed in medication administration record, discrepancies corrected.	1/24/2020	CG #1 will look at all medication orders and ensure that labels match with MD orders and in the medication administration record.

Primary Caregiver's Signature: Pacita F. AgbisitPrint Name: PACITA AGBISITDate of Signature: 2/27/2020